

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2015
FORM APPROVED
OMB NO. 0938-0391

45# 8/22/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2015
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NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 018
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:
Based on observations and testing, the facility failed to maintain the doors protecting the corridors.

The finding included:

Observation and testing of room 225 on 7/6/2015 at 12:20 P.M., revealed the door did not latch.

This finding was verified by the maintenance director and verified by the administrator during the exit conference on 7/6/2015.

K 025
SS=E NFPA 101 LIFE SAFETY CODE STANDARD

K 018

The door latch to room 225 was repaired 07/10/15 by the Environmental Services Director. The Environmental Services Director inspected and Maintenance Staff members inspected all doors in the facility for proper closure. No other problems were identified. Inspections were completed 7/10/15.

On 7/10/15, the Environmental Services Director provided in-service education for the Maintenance Department staff members on proper door closure and repair. (Attachment #5)

The Environmental Services Director will monitor all doors to ensure they latch properly, on a monthly basis. The Environmental Services Director will report the result of monitoring to the Administrator and to the QAPI Committee monthly, beginning with the July 27, 2015 meeting. Reporting will continue for two additional months. After three months of reporting the QAPI Committee will determine the monitoring and reporting frequency thereafter. The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator

07/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025	<p>Continued From page 1</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke/fire barriers.</p> <p>The finding included:</p> <p>Observation on 7/6/2015 at 11:25 A.M., revealed the 2nd floor water heater room had unapproved fire stop material (flammable foam). NFPA 101, 8.3.6.1, 2000 Edition.</p> <p>This finding was verified by the maintenance director and verified by the administrator during the exit conference on 7/6/2015.</p>	K 025	<p>The Environmental Services Director and the Maintenance staff installed the correct fire stop material in the 2nd Floor water heater room on 7/10/15. The Environmental Services Director completed an inspection of the entire facility for the appropriate fire stop materials. No other areas were identified with unapproved fire stop materials. The inspection was completed on 7/10/15.</p> <p>On 7/10/15, the Environmental Services Director provided in-service education to the Maintenance Staff regarding the correct fire stop material to be used with penetrations. (Attachment #5)</p> <p>The Environmental Services Director will inspect all future penetrations to ensure the approved fire stop material is utilized. The Environmental Services director will inspect the entire building for penetrations and the appropriate fire stop materials on a quarterly basis. The results of the inspections will be reported to the Administrator and to the QAPI Committee beginning with the meeting scheduled for July 27, 2015 and quarterly thereafter. After three quarters of inspections and reporting, the QAPI Committee will determine the frequency of inspections and reporting thereafter.</p>	07/27/15	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>				

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included: Observation on 7/6/2015 at 11:58 A.M., revealed sprinklers were loaded with foreign material in the following locations: a. 2nd floor B hallway bathroom (1 sprinkler) b. room 227 and 234 (2 sprinklers) c. Kitchen (3 out of 8 sprinklers) NFPA 25, 2.2.1.1, 1998 Edition. This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/6/2015.	K 025	The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator	08/14/15	
		K 062	The 2 nd floor B Hall bathroom sprinkler, Room 227 sprinkler, Room 234 sprinkler, and the three sprinklers in the kitchen were cleaned immediately on 07/06/15 by the Maintenance Staff. The two sprinklers in the kitchen dry storage area are scheduled to be replaced on 08/14/15. The Environmental Services Director completed an inspection of all sprinkler heads in the entire facility to ensure they are free of foreign material. No other sprinkler heads with foreign material were identified. The inspection was completed on 7/10/15. On 7/10/15, the Environmental Services director provided in-service education to the Maintenance Staff regarding sprinkler head preventative maintenance and cleaning. (Attachment #5)		

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BETHANY HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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K 062		K 062	<p>(Continued From Page 3)</p> <p>The Environmental Services Director will inspect all sprinkler heads on a quarterly basis to ensure they are free from foreign material. The result of the inspections will be reported to the Administrator and to the QAPI Committee on a quarterly basis, beginning with the meeting scheduled for July 27, 2015. Inspection and reporting will continue for two additional quarters. After three quarters of inspection and reporting, the QAPI Committee will determine the frequency of inspection and reporting thereafter.</p> <p>The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator.</p>	